

DMV IRP 001

SCHEDULE A

ORIGINAL APPLICATION

1	ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	LICENSE YEAR	CLUB/LICENSE SERVICE USE ONLY			PHYSICAL ADDRESS:					MAILING ADDRESS:							
					CLUB/LICENSE SERVICE NAME			WEST VIRGINIA INTERNATIONAL REGISTRATION PLAN 1606 WASHINGTON STREET EAST CHARLESTON, WEST VIRGINIA 25311					WV INTERNATIONAL REGISTRATION PLAN P.O. BOX 174 CHARLESTON, WEST VIRGINIA 25321							
NAME OF REGISTRANT					AGENT			TELEPHONE			CARRIER CONTACT INFORMATION (NOT FOR CLUB/LICENSE SERVICE USE)		2		CODE KEY					
DOING BUSINESS AS					MAILING ADDRESS			REGISTRANT			TELEPHONE NUMBER: () , EXT:		*TYPE OF OPERATION EX - EXEMPT HH - HAUL FOR HIRE PC - PRIVATE CARRIER		*TYPE OF VEHICLE TT - TRUCK TRACTOR TR - TRACTOR TK - TRUCK RT - ROAD TRACTOR DT - DUMP TRUCK ST - SEMI TRAILER FT - FULL TRAILER CG - CONVERTER GEAR DB - DOUBLE BOTTOM BS - BUS					
PHYSICAL LOCATION No Rural Routes of P. O. Box					CITY			STATE	ZIP CODE	NAME OF CONTACT										
					MAILING ADDRESS						ADDRESS									
					CITY			STATE		CITY			STATE							
					ZIP CODE			COUNTY		ZIP CODE			COUNTY							
3	FLEET RECORD INFORMATION:				F.E.I.N./SS#			DATE FIRST OPERATED AS A FLEET			NUMBER OF REGISTRATION MONTHS		** FUEL TYPE							
	TYPE OF OPERATION: (SEE KEY CODE)							MO. DAY YEAR					D-DIESEL, P-PROPANE, G-GASOLINE, O-OTHER							
4	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY JURISDICTIONS/WEIGHTS MUST BE GROUPED ON SEPARATE PAGES.				GROUP NUMBER		ALBERTA		ALASKA		ALABAMA		ARKANSAS		ARIZONA		BRITISH COLUMBIA			
	CALIFORNIA		COLORADO		CONNECTICUT		DIST. OF COL.		DELAWARE		FLORIDA		GEORGIA		HAWAII		IDAHO			
CA		CO		CT		DC		DE		FL		GA		HI		IA				
ILLINOISE		INDIANA		KANSAS		KENTUCKY		LOUISIANA		MASSACHUSETTS		MANITOBA		MARYLAND		MAINE				
IL		IN		KS		KY		LA		MA		MB		MD		ME				
MINNESOTA		MISSOURI		MISSISSIPPI		MONTANA		MEXICO		NEW BRUNSWICK		NORTH CAROLINA		NORTH DAKOTA		NEBRASKA				
MN		MO		MS		MT		MX		NB		NC		ND		NE				
NEW HAMPSHIRE		NEW JERSEY		NEW MEXICO		NOVA SCOTIA		NW TERRITORY		NUNAVUT		NEVADA		NEW YORK		OHIO				
NH		NJ		NM		NS		NT		NU		NV		NY		OK				
ONTARIO		OREGON		PENNSYLVANIA		P. E. ISLAND		QUEBEC		RHODE ISLAND		SOUTH CAROLINA		SOUTH DAKOTA		SASKATCHEWAN				
ON		OR		PA		PE		QC		RI		SC		SD		SK				
TEXAS		UTAH		VIRGINIA		VERMONT		WASHINGTON		WISCONSIN		WEST VIRGINIA		WYOMIING		YUKON				
TX		UT		VA		VT		WA		WI		WV		WY		YT				
5	12 EQUIP. NO.		VEHICLE IDENTIFICATION NUMBER			3 YEAR	4 MAKE	5 **VEH. TYPE	6 AXLES SEATS	7 **FUEL TYPE	8 EMPTY WGHT.	9 GROSS WEIGHT	10 PURCHASE PRICE	11 FACTORY PRICE	12 TITLE DATE MO/DAY/YR		13 LEASE DATE MO/DAY/YR		14 PLATE NUMBER	
						D M V	17 TITLE NUMBER	18 OWN/ LEASE	19 NEW/ USED	20 D M V	21 BUS HSP	22 DATE VEH FIRST ADDED TO FLEET MO/DAY/YR		//		23 D M V				
FIRST UNIT	15 OWNER ▶					D M V	17 TITLE NUMBER	18 OWN/ LEASE	19 NEW/ USED	20 D M V	21 BUS HSP	22 DATE VEH FIRST ADDED TO FLEET MO/DAY/YR		//		23 D M V				
SECOND UNIT	15 OWNER ▶					D M V	17 TITLE NUMBER	18 OWN/ LEASE	19 NEW/ USED	20 D M V	21 BUS HSP	22 DATE VEH FIRST ADDED TO FLEET MO/DAY/YR		//		23 D M V				
THIRD UNIT	15 OWNER ▶					D M V	17 TITLE NUMBER	18 OWN/ LEASE	19 NEW/ USED	20 D M V	21 BUS HSP	22 DATE VEH FIRST ADDED TO FLEET MO/DAY/YR		//		23 D M V				
FOURTH UNIT	15 OWNER ▶					D M V	17 TITLE NUMBER	18 OWN/ LEASE	19 NEW/ USED	20 D M V	21 BUS HSP	22 DATE VEH FIRST ADDED TO FLEET MO/DAY/YR		//		23 D M V				
FIFTH UNIT	15 OWNER ▶					D M V	17 TITLE NUMBER	18 OWN/ LEASE	19 NEW/ USED	20 D M V	21 BUS HSP	22 DATE VEH FIRST ADDED TO FLEET MO/DAY/YR		//		23 D M V				
6	I HEREBY STATE, UNDER PENALTY OF FALSE SWEARING AND PENALTIES OUTLINED IN CHAPTERS 17A AND 17D THAT THERE IS IN EFFECT A MOTOR VEHICLE LIABILITY POLICY UPON THE DESCRIBED VEHICLES IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. PRIMARY PURPOSE OF THIS FLEET IS TO:																			
AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____ INSURANCE COMPANY NAME _____																				
INSURANCE POLICY STARTING DATE _____ ENDING DATE _____ INSURANCE AGENT _____ POLICY NUMBER _____																				